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7590

10/21/2004

CIBA SPECIALTY CHEMICALS CORPORATION
 PATENT DEPARTMENT
 540 WHITE PLAINS RD
 P O BOX 2005
 TARRYTOWN, NY 10591-9005

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Andrea DeCecchis

(Depositor's name)

Andrea DeCecchis
 November 17, 2004

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/771,996

02/04/2004

Patrice Bujard

11/22/2004

MAHME2 00000123 031935

10771996

TITLE OF INVENTION: PIGMENTED VITREOUS MATERIAL

01 FC:1501

1370.00 DA

02 FC:1504

300.00 DA

03 FC:8001

15.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1370

\$300

\$1670

01/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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GREEN, ANTHONY J

1755

106-493000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Tyler A. Stevenson

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Reel: 011463 Frame: 0819

Reel: 12118100

Ciba Specialty Chemicals Corporation Tarrytown, N.Y.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1935 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Tyler A. Stevenson
 Tyler A. Stevenson

Typed or printed name

Date

November 17, 2004

Registration No.

46,388

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